**Written Agreement for Donations and Grants**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description of donation/grant** |  | | **Date of agreement** |  |
| **Summary of intended aims and objectives** (including how it will support healthcare, scientific research or education)**;** | | | | |
|  | | | | |
| **Nature of contribution** (description of funding, indirect/ non financial, in kind donation, including full breakdown of costs where possible and time frame if applicable) | | | | |
|  | | | | |
| **Name of ICB staff member receiving donation/grant** | |  | | |
| **Role of staff member** | |  | **Department** |  |
| **Signature** | |  | **Date** |  |

**Details of Non-NHS Organisation/ Sponsor**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of non-NHS organisation** |  | | |
| **Name of non- NHS organisation staff member** |  | | |
| **Role of staff member** |  | | |
| **Signature** |  | **Date** |  |

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| --- |
| **Guidelines for Non-NHS Donations or grants** |
| Donations and grants to healthcare organisations, patient organisations or other organisations must;   * be made only for the purpose of supporting healthcare, scientific research or education * not be an inducement to recommend and/or prescribe, purchase, supply, sell or administer specific medicines * be prospective in nature * not display the name of any medicine – although they may display the name of the company providing them * have a written agreement in place which must be certified in advance * make clear company involvement to the extent possible, and to include a full breakdown of costs if known * be kept on record by the company * be publicly disclosed annually as set out in the gifts and hospitality policy |
| **Submission Details** |
| Submit completed form to [ddicb.meds.man@nhs.net](mailto:ddccg.meds.man@nhs.net) for review and approval. |

**Approval - to be completed by the Derbyshire Prescribing Group**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Approval status** | **Approved** |  | **Not Approved** |  | **Date** |  |
| **Name of ICB Executive/Functional Director** |  | | | | | |
| **Signature** |  | | | | **Date** |  |

Following review/approval – forms should be submitted to [suzanne.pickering1@nhs.net](mailto:suzanne.pickering1@nhs.net) and [frances.palmer1@nhs.net](mailto:frances.palmer1@nhs.net)